

Florida Medicaid Services Kaiser Family Foundation Summary

Acute Care Services

Is the Benefit Covered?	Copayment Requirement	Prior Approval Requirement	Coverage Limitations	Reimbursement Methodology	Populations Covered
Institutional and Clinic Services					
<u>Clinic Services, by an organized facility or clinic not part of a hospital: Freestanding Ambulatory Surgery Center</u>					
Yes			Limited to procedures safely performed in ambulatory setting, as approved by CMS	Medicare payment rates adjusted by county wage index	CN & MN
<u>Clinic Services, by an organized facility or clinic not part of a hospital: Public Health and Mental Health Clinics</u>					
Yes	\$2/day at Mental Health Clinic		1 encounter/day for primary or preventive care	Fee for service or prospective cost based rate for primary care	CN & MN
<u>Federally Qualified Health Center Services</u>					
Yes	\$3/day		1 encounter/day except mental health services limited to 26 encounters/year	On site: prospective cost based rate/encounter, Off-site: fee for service	CN & MN
<u>Inpatient Hospital Services, other than in an Institution for Mental Diseases</u>					
Yes	\$3/admission	Non-emergency admissions	45 days/year	Prospective cost based per diem, with limits	CN & MN
<u>Outpatient Hospital Services</u>					
Yes	5% of payment up to \$15/visit for non-emergency services in the ER, \$3/visit for other services		\$1,500/year for non-emergency services (excluding surgery)	Prospective cost based per diem or rate per service, lab and x-ray services paid fee for service	CN & MN

Florida Medicaid Services Kaiser Family Foundation Summary

<u>Rehabilitation Services: Mental Health and Substance Abuse</u>				
Yes	\$2/day		Fee for service	CN & MN
<u>Rural Health Clinic Services</u>				
Yes	\$3/day	1 encounter/day except mental health services limited to 26 encounters/year	On site: prospective cost based rate/encounter, Off-site: fee for service	CN & MN
Practitioner Services				
<u>Certified Registered Nurse Anesthetist Services</u>				
Yes			Fee for service at 80% of physician fee	CN & MN
<u>Chiropractor Services</u>				
Yes	\$1/day	24 visits/year	Fee for service	CN & MN
<u>Dental Services</u>				
No				
<u>Medical and Remedial Care - Other Practitioners</u>				
See service-specific FN.				
<u>Medical/Surgical Services of a Dentist</u>				
Yes	\$2/day for oral surgery		Fee for service	CN & MN
<u>Nurse Midwife Services</u>				
Yes		10 prenatal visits/year, 2 postpartum visits/year, 2 home visits/year	Fee for service at 80% of physician fee	CN & MN
<u>Nurse Practitioner Services</u>				
Yes	\$2/office or outpatient hospital visit	1 non-emergency visit/day, 1 routine physical exam/year	Fee for service at 80% of physician fee	CN & MN

Florida Medicaid Services Kaiser Family Foundation Summary

<u>Optometrist Services</u>					
Yes	\$2/day		Eye exams limited to determining presence of disease	Fee for service	CN & MN
<u>Physician Services</u>					
Yes	\$2/day for office or non-emergency outpatient hospital visit		1 non-emergency visit/day, 1 routine physical exam/year, 10 prenatal visits/year, 2 postpartum visits/year	Fee for service or prospective cost based rate	CN & MN
<u>Podiatrist Services</u>					
Yes	\$2/day	Elective procedures	Visit frequency limitations based on site of service, routine foot care not covered	Fee for service	CN & MN
<u>Psychologist Services</u>					
No					
Prescription Drugs					
<u>Prescription Drugs</u>					
Yes		Specified drugs, nutritional supplements	4 brand Rxs/month	Lower of AWP-13.25% or WAC+7%, plus \$4.23 dispensing fee for retail pharmacies or \$4.73 dispensing fee for non-traditional pharmacies	CN & MN
Physical Therapy and Other Services					
<u>Occupational Therapy Services</u>					
No					
<u>Physical Therapy Services</u>					
No					
<u>Services for Speech, Hearing and Language Disorders</u>					
No					

Florida Medicaid Services Kaiser Family Foundation Summary

Products and Devices					
<u>Dentures</u>					
Yes	5% of payment for dentures and specified related services	Yes	1 full upper and/or lower denture/lifetime, partial dentures not covered	Fee for service	CN & MN
<u>Eyeglasses</u>					
Yes		Yes	Contact lenses and prosthetic eyes for specified medical conditions, eyeglasses not covered	Fee for service	CN & MN
<u>Hearing Aids</u>					
No					
<u>Medical Equipment and Supplies</u>					
Yes		Specified med equipment and med supply items		Fee for service	CN & MN
<u>Prosthetic and Orthotic Devices</u>					
Yes		Specified services or items		Fee for service	CN & MN
Transportation Services					
<u>Ambulance Services</u>					
Yes	\$1/non-emergency trip	Non-emergency transports		Fee for service	CN & MN
<u>Non-Emergency Medical Transportation Services</u>					
Yes	\$1/trip	Yes	Limited to beneficiaries unable to arrange for medically necessary transportation through any other means	See service-specific FN	CN & MN
Other Services					
<u>Diagnostic, Screening and Preventive Services</u>					
No					

Florida Medicaid Services Kaiser Family Foundation Summary

<u>Early and Periodic Screening, Diagnosis and Treatment</u>				
See service-specific FN.				
<u>Extended Services for Pregnant Women</u>				
See service-specific FN.				
<u>Family Planning Services</u>				
See service-specific FN.				
<u>Laboratory and X-Ray Services, outside Hospital or Clinic</u>				
Yes	\$1/day, including portable x-ray services	Portable x-ray services must be medically justified	Fee for service	CN & MN
<u>Targeted Case Management</u>				
Yes			Fee for service or contracted rate	CN & MN

Long-Term Care Services

Community Based Care				
<u>Home and Community Based Services Waiver</u>				
Yes		Services for the following populations: 1, 2, 4, 5, 6 & 8 - See service-specific FN	Dependent upon the services provided	CN & MN
<u>Home Health Services</u>				
Yes	\$2/day	4 nursing or home health aide visits/day up to 60/lifetime, therapies not covered, only specified med equipment and supplies covered	Fee for service	CN & MN

Florida Medicaid Services Kaiser Family Foundation Summary

<u>Hospice Care</u>			
Yes		Prospective rates based on Medicare methodology	CN & MN
<u>Personal Care Services</u>			
No			
<u>Private Duty Nursing Services</u>			
No			
<u>Program of All-Inclusive Care for the Elderly</u>			
Yes	See service-specific FN	Capitated payment	CN & MN
Institutional Care			
<u>Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services In Institutions for Mental Diseases, age 65 and older</u>			
Yes	15 hosp leave days/hospitalization, 30 therapeutic leave days/year	Prospective cost based per diem	CN
<u>Inpatient Psychiatric Services, under age 21</u>			
Yes	Yes	Prospective cost based per diem or negotiated rate	CN & MN
<u>Intermediate Care Facility Services for the Mentally Retarded</u>			
Yes	15 hosp leave days/hospitalization, 45 therapeutic leave days/year, 30 infirmary leave days/year with each less than 16 days and with hosp leave not covered if immediately following infirmary leave, facility must have 95% occupancy rate to be paid	Prospective cost based per diem with limits	CN

Florida Medicaid Services Kaiser Family Foundation Summary

<u>Nursing Facility Services, other than in an Institution for Mental Diseases</u>			
Yes	8 hosp leave days/hospitalization, 16 therapeutic leave days/year	Prospective per diem by facility size and location, occupancy adjusted, with higher rates for heavy care residents, payment for leave days requires 95% occupancy rate in prior quarter	CN
<u>Religious Non-Medical Health Care Institution and Practitioner Services</u>			
Yes	Practitioner services not covered	Prospective cost based per diem	CN & MN